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PTO/SB/06 (10-07)

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U			CATION	o persons are req N FEE DETE ute for Form PT	d to	a collect	ion of in		fice; U.S. DEPARTMENT OF COMMERCE ess it displays a valid OMB control number Application or Docket Number 10/668,133			
_					0-613	_						
APPLICATION AS FILED - PAF (Column 1)					PART I (Column 2)			SMALL ENTITY			OR SMALL ENTITY	
	FOR	NUMI	NUMBER FILED		NUMBER EXTRA		RATI	(\$)	FEE (\$)		RATE (\$)	FEE (\$)
(37.0	IC FEE FR 1.16(a), (b), or i	(c))	N/A		N/A		N/	A	375		N/A	
	RCH FEE FR 1.16(k), (f), or (r	n))	N/A		N/A		N/	A		1	N/A	
	MINATION FEE FR 1.16(o), (p), or i	(p))	N/A		N/A		N/	A			N/A	
TOTAL CLAIMS (37 CFR 1.16(i))		38	minus 2	0 = .	18	П	x 9	=	162	OR	х =	
INDEPENDENT CLAIMS (37 CFR 1.16(h))		IMS 3	minus 3	3 = +	. 0		x 42	2 =	0	1	х =	
APPLICATION SIZE FEE G37 CFR 1.16(e)) 4 the specification and drawings exceed 100 sheets of paper, the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).												
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))							N/	A			N/A	
* If the difference in column 1 is less than zero, enter *0" in column 2.							TOTAL 537		j	TOTAL		
APPLICATION AS AMENDED – PART II												
		(Column 1) (Column 2) (Column 3)					SMALL ENTITY			OR	OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER P PREVIOUSLY PAID FOR			RATE (\$) ADDI- TIONAL FEE (\$)			RATE (\$)	ADDI- TIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	25	Minus	** 38	= 0	П	×	=	0	OR	x =	
	Independent (37 CFR 1.16(h))	1	Minus	*** 3	⁼ 0		x	=	0	OR	x =	
AME	Application Size Fee (37 CFR 1.16(s))									-		
Ì	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/			OR	N/A	
							TOTAL ADD'L		0	OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Column 3)					_		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE	(\$)	ADDI- TIONAL FEE (\$)		RATE (\$)	ADDI- TIONAL FEE (\$)
	Total (37 CFR 1 16(i))	25	Minus	 38	= 0	П	×	-	0	OR	x =	
Q	Independent (37 CFR 1.16(h))	1	Minus	*** 3	= 0		x	=	0	OR	х =	
ΥME	Application Size Fee (37 CFR 1.16(s))]		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						N/	A		OR	N/A	
							TOTAL ADD'L		0	OR	TOTAL ADD'L FEE	
,	" If the "Highest I " If the "Highest I	Number Previous	y Paid For Paid For	y in column 2, writ IN THIS SPACE IN THIS SPACE	is less than 20, is less than 3, c	ententer	"3".			-		

ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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